

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | BT       |        | 9-30-02 |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | CM       | 71632  | 11/1/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

) ✓ ..... Rejected      N ..... Non-elected  
 ) = ..... Allowed      I ..... Interference  
 ) - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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